

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875

SERIAL NO.

09/701947

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
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45		/				
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	/					
TOTAL DEP.		/		/		/
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/					
54	/					
55		/				
56		/				
57		/				
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91		/				
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94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.		/		/		/
TOTAL DEP.		/		/		/
TOTAL CLAIMS						